



THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

Issues Facing the Public Health System

- remarks made to Kentucky Health Departments' Association by Rice C. Leach, MD, Commissioner, Dept for Public Health, Feb. 20, 2001

Thank you putting me on the agenda for today. The public health system in Kentucky is facing several new challenges as a result of changes beyond our control. Fortunately, we have the strengths and assets necessary to continue our work to promote health and prevent disease and injury.

The leadership of the Department for Public Health has discussed the situation over the last six weeks and has agreed that public health has to make some significant

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changes in order to remain successful and effective. My objective for today is to share the information we considered and to begin to work toward a consensus on how to manage these issues. I believe that it is critical for us to speak as one on as many of these issues as possible.

It is clear that Kentucky expects several things from its public health system.

- We are expected to perform the core functions that are unique to the state department for public health ...things like vital statistics, radiation health, and milk safety.
- We are expected to perform the core functions that are shared by the state department for public health and the district and local health departments ...things like on-site waste, communicable disease control, and public health education.

- We are expected to meet the objectives specified in the budget items for things like maternal and child health, family planning, and cancer screening.
- We are expected to provide a public health "safety net" for persons without health insurance.
- And we are expected to provide personal preventive services to persons insured by Medicaid and Medicare if there is no alternative source for their care.

All of these expectations must be met. The issue before us is how can they best be met given the current changes in health care financing and organization. The department believes strongly that our system of public health needs to change to adapt and that the Department for Public Health needs to lead the change. The department also knows that any

meaningful change will take time and will have to acknowledge the differences among the local health departments.

What are the strengths and opportunities inherent in these changes?

- Kentucky's public health system has a long history of sharing, helping, being helped, and adapting. This is very apparent in the writings of the state board of health and the Kentucky Medical Association in the first part of the last century.
- Kentucky's public health system has begun to re-establish its population based prevention programs as a result of the KIDS NOW legislation and its supportive funding.
- Members of the Kentucky General Assembly have previously asked public health to define its mission and funding streams and public health has responded. Public health is capable of telling the General Assembly how it plans to respond to the current challenges.
- Public health has demonstrated its ability to adapt to change as it did during the fiscal challenges associated with Medicaid Managed Care.
- Public Health has demonstrated its ability to work through differences of professional opinion to support the common good.
- Public Health workers have gained additional skills, knowledge, and abilities as a

result of participation in the Kentucky Public Health Leadership Institute.

- Public Health has numerous advocates.
- The anxiety associated with the current situation, while uncomfortable, is a strong motivator for change.
- Public Health is acquiring new technology that can assist us in managing change.
- And finally, public health workers are committed to the cause.

What are the challenges facing us?

- Accountability in matters of financial management
 - OMB 133A Criteria
 - Cash management
 - Appropriate Accounting of time and funding source
 - Health Insurance Portability and Accountability Act (HIPAA)
- DPH Technical Assistance for Local Health Departments
- Governor's Policy Initiatives
- Cabinet for Health Services Strategic Plan
- Bioterrorism Assessment
- Prescription Drug Dispensing
- Clinical Practice Guidelines
- On-site waste issues
- Health Disparities
- Outcome measures in public health

DPH Initiatives:

- Centralized Audits of Local Health Departments: The DPH has requested the Inspector General to find a

contractor to do all of the A-133 Audits.

- Less expensive than the sum of the 55 audits
- Audits meet A-133 standards
- Standardized assessments
- Less anxiety about audits
- Request the Inspector General to design a cash management system for DPH in response to their Audit of the Combined Services Account. This will change how DPH manages cash and may impact how local health departments manage cash.
- Technical Assistance: Public Health Needs to find a way to assure that local health departments receive the technical assistance they need and we need to achieve this within the existing resources. The most profound driver of this change is the HIPAA.
 - HIPAA rules take effect in October 2002
 - The rules focus on the liability associated with confidentiality of information
 - The rules focus on the accuracy of billings
 - The rules retain the existing reimbursement with interest penalties for inaccurate billings
 - The rules add civil and criminal liability for failing to comply.
 - The HIPAA rules are driving the entire United States Health Care System.
 - The HIPAA rules require Kentucky public health to

<p>assure that managers of HCFA funded programs are not at risk.</p> <ul style="list-style-type: none"> • Adapting to these rules may generate system reorganization. • Adapting to these rules will be easier with a centralized audit to address the financial management elements. <ul style="list-style-type: none"> • Enhanced KENPAC: This will require KENPAC providers strengthen their oversight of their patients' medical care needs. <ul style="list-style-type: none"> • Will create opportunities for health departments and clinical practices to combine resources. • May require new kinds of local provider partnerships. • Home health support: <ul style="list-style-type: none"> • DPH ceased collecting a portion of home health billings during FY 2001 but continued to support certain clinical and management functions for those departments that have home health programs. The funds that we had been using are no longer available so DPH needs approximately \$800,000 of the \$2,000,000 additional funds that went to local health departments if we are 	<p>to continue the support. This funding will be needed for FY 2002.</p> <ul style="list-style-type: none"> • Prescription drug dispensing <ul style="list-style-type: none"> • DPH has not changed its procedures in this area • Our procedure has been questioned. • It has the potential to cause problems. • The DPH is evaluating options for continuing to make the medications available to our patients. • House Bill 377, introduced on 2-19-0, addresses this issue. • Cabinet for Health Services Strategic Planning <ul style="list-style-type: none"> • Will be based on Governor Patton's Strategic Initiatives. • Will drive the CHS budget request for 2002. • Will integrate the program activities of the CHS. • Will focus CHS departments on their mandates. • Will reduce duplication and waste. • Will drive changes in program activities. <p>Information packets were distributed and contained several handouts:</p> <ul style="list-style-type: none"> • The 12-31-00 reconciliation of expenditures with revenues and a county specific projection. If you think this information is incorrect, please contact the appropriate person in the Division 	<p>Resource Management to reconcile any differences.</p> <ul style="list-style-type: none"> • Challenges for the New Century. These pages are the options part of this document published by the Long-term Policy Research Center and have several thoughts on where health care is headed. • The governor's policy goals and a recent article in The Local Health Link on Strategic Planning for the Cabinet for Health Services. • A summary of the Federal Biologic Terrorism Survey. The Department of Emergency Management has contracted with the University of Kentucky to interview each health department so the state can assess its preparedness. This information should help your staff know what to expect from the surveyors. • ASTHO HIPAA Brief 1. The Association of State and Territorial Health Officers, along with many other organizations, is running a series of briefings for its members regarding what HIPAA is likely to do when the regulations take effect. • The January 2001 local health department address listing. If you have additions or corrections, please forward them to the Division of Local Health Operations so we can update the document for the next printing. • DPH Organizational Chart with key telephone numbers. • Most recent list of e-mail addresses and telephone numbers. If there are additions and corrections,
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please advise the Division of Local Health Operations.

- Guidelines for billing staff time to program activity and reference to the instructions for billing Medicaid and Medicare.

ACH Anecdotes

Kentucky Youths Taking Part In Kick Butts Day

Youths across Kentucky will be taking part in Kick Butts Day on April 4, a nationwide initiative that makes kids leaders in the effort to stop youth tobacco use.

Schools, health departments and other organizations are planning local events to call attention to youth smoking.

"No one wants children to smoke," Governor Paul Patton said.

"Protecting the health and welfare of Kentucky's youth is a priority of this administration."

Kick Butts Day is coordinated by the Campaign for Tobacco-Free Kids. Other groups, such as the American Cancer Society, American Public Health Association and the YMCA and YWCA of the USA are sponsors.

Here are a few examples of some of the youth projects in Kentucky with contact names and numbers:

- Marion County students are staging a "merchandise dump" on March 31. Contact Jena Hill (502) 348-2825.
- Fayette County students are holding a news conference April 6 to kick off a clean indoor air campaign to stop smoking

in automobiles. Students will have pledge cards to sign and decals and tags for car mirrors at local car washes, car dealers and the YMCA. Contact Todd Warnick (859) 252-2371.

- Madison County youth will go to downtown businesses to see if they are smokefree on April 4. An elementary school will present the play "Huff-n-puff." Contact: Doris Gray (859) 626-4280.

For more information about local events, call Paul Kiser of Kentucky ACTION, who is serving as the statewide coordinator, at 502-456-2902.

- extracted from March 26, 2001 news release written by Gil Lawson

Central Office Comments

The Way We Were:

Bob Nelson's shop is cleaning out some old records one of which I noticed. A nurse, who started in 1948 and stayed in the same county until she retired in the mid-1980's. She started at the grand salary of \$1920 a year or less than a dollar an hour and was earning about \$22,500 a year and an hourly wage of \$11.54 as a Gr. 17 nurse.

Imagine what she saw: 1948 was one of the worst polio epidemics in Kentucky. Tuberculosis was treated with streptomycin, which had come out just a little earlier, surgery, and hospitalization. Immunizations were tetanus, diphtheria, and whooping cough

for babies and typhoid for some. Penicillin was out and there were other antibiotics emerging regularly but the communicable diseases were still out there. When I first came back to Kentucky, I spoke to Janie Wallace who was a public health nurse in Floyd County when the USPHS did the field diarrhea survey in the mid-1950's. The way she described their work pre-polio vaccine and other things we take for granted made one proud to know that there were folks like that out on the line. Remember, in 1948 there was nothing for hepatitis, measles, mumps, rubella and its accompanying birth defects (by the way how many of you can recall worrying about being pregnant or having a pregnant spouse and not knowing whether or not rubella outbreaks would cause your child to have birth defects....I can). Pneumonia could be treated but there was no immunization to prevent it in the elderly. There was a flu vaccine as far back as 1918 but I don't recall big campaigns to immunize people. Kentucky had hardly any 4 lane roads and far fewer telephones.

She and her colleagues over the years certainly adapted. Life probably got a little easier once the weapons to combat communicable diseases came along so they could put more emphasis on prenatal care, well child care, and the other things we do today. Along the way, getting out in the community as they did dropped off the radar....mostly because so much of the revenue is generated by 1:1 visits (Medicaid, Medicare, Home Health, cancer screening,

diabetes, prenatal, well child, WIC) and so little of it is allocated for the kind of preventive health education and other activities that helped reduce the toll of communicable diseases in the days before vaccines and antibiotics.

During the last 35 years we have made some real progress in several areas but in others....things are about the same or worse. The percentage of babies born at low birth weight has not changed but we expect to see that change with the KIDS NOW program. Smoking, diabetes, obesity, heart disease, lung cancer, drug abuse, nursing home admissions, etc. are up and in some cases going up at alarming rates. Some of this is because people are living longer but some people have always lived a long time. Much of it is because people don't take care of themselves along the way either because they don't know how to (an opportunity for public health), because they don't want to (an even greater challenge for public health) or because of unknown influences on their health (another challenge for public health). Any way you cut it, the challenges and the opportunities are out there.

It would be interesting to talk to women who did her kind of work to see what they would recommend to us as we deal with today's challenges. They are still around and are probably quite able to share thoughts some of which are probably the answers to our challenges.

- submitted by Rice C. Leach, MD, Commissioner, Dept for Public Health

Governor Says Farewell to Health Services Cabinet Secretary; Adds Medicaid Expert to His Staff

"He joined us more than a year ago to take on one of the most difficult and demanding jobs in state government but I must respect his desire to return to private life," Governor Patton said as he announced the resignation of Jimmy Helton as Secretary of the Health Services Cabinet.

Helton was appointed secretary in September of 1999. Governor Patton said, "In the relative short time he served, Secretary Helton did a superb job and I want to thank him for his service to our administration and the people of Kentucky." Helton's last day on the job is March 15th. Deputy Secretary Marcia Morgan will be appointed Interim Secretary at that time.

Governor Patton also announced the appointment of Kathy Kustra as a Special Advisor to the Governor for Medicaid to coordinate an Executive Steering Committee on Medicaid. "We recognize the critical importance of Medicaid and the challenges the program is facing, so I'm elevating this issue to give it the full resources of the Governor's Office and the Governor's Office for Policy and management," Patton said. "Ms Kustra has an excellent background in the area of Medicaid as a former Director of the Illinois Department of Public Aid, the equivalent of our former Cabinet for Human Resources, and

I look forward to working with her on this difficult and challenging issue," the governor added.

Besides Kustra, members of the Executive Steering Committee for Medicaid will include; Budget Director Jim Ramsey, Secretary of the Cabinet Crit Luallen, Chief of staff Skipper Martin, Interim Health Services Secretary Marcia Morgan, Secretary Viola Miller of the Cabinet for Families and Children and outside consultants with national expertise.

The governor charged the Executive Committee to implement short-term strategies to address the current year budget problems, review and evaluate the entire Medicaid program and how we compare to other states, and work on long-term solutions with continuing input from provider groups and advocates.

"Medicaid will continue to be a major management and budget challenge and partnership with the General Assembly will be essential as we move forward," Governor Patton said. "We're committed to moving aggressively to put all the resources necessary into addressing the problem to insure that we're operating a program we can afford while protecting the services to our most vulnerable citizens."

- extracted from March 2, 2001 news release by Gil Lawson

Epi Epistles

Kentucky's Tuberculosis Rate Reaches Historic Low

Kentucky public health officials have some good news to report with World TB Day coming up on

March 24: Kentucky's tuberculosis rate reached an historic low for the year 2000.

The state rate for 2000 was 3.7 cases per 100,000 residents. There were 147 reported cases last year, compared to 209 for the previous year (1999).

Tuberculosis continues to kill more people worldwide each year than any other infectious disease, according to Dr. Glyn Caldwell, the state's epidemiologist. Although TB cases have decreased in the U.S. in recent years, it is still a serious threat to public health in much of the world and in the United States.

Kentucky has come a long way in fighting TB. In 1910, TB killed 5,230 people in Kentucky. During the year 2000 there were five TB deaths.

World TB Day marks the date when German physician Robert Koch first announced his discovery of the organism that caused Tuberculosis in 1882.

"Kentucky can be proud of their health professionals and the job that is being done to make the communities aware of TB," said Linda Jackson, manager of the state Tuberculosis Program in the Department for Public Health. "Local health department staff, providing directly observed therapy and follow-up for those infected with the bacterium, have had a positive impact in controlling TB in Kentucky. However, the battle is far from over."

Across the United States, the HIV epidemic contributed substantially to the increased numbers of TB cases in the late 1980's and early 1990's. Activities to control and eliminate TB in the United States must include aggressive efforts to identify HIV-infected persons with the latent TB infection and to provide them with therapy to prevent progression to active TB disease.

People who should be tested for TB include: people with or at risk for HIV infection, people in close contact with those with infectious TB, people with certain chronic diseases such as diabetes, people who inject drugs, foreign-born people from areas where TB is common, medically underserved low-income populations including high risk racial and ethnic groups, residents of long-term care facilities, and locally identified high-prevalence groups (for example, migrant farm workers or homeless persons), according to Donna Perkins, a nurse consultant with the state Tuberculosis Control program.

Here are statistics for Kentucky TB cases since 1990:

Year	Cases
1990	361
1991	347
1992	402
1993	404
1994	347
1995	327
1996	259
1997	199
1998	179
1999	209
2000	147

Here are some TB facts:

What is TB and what does it do to your body?

- "TB" is short for a disease called tuberculosis. Tiny bacteria or germs that can float in the air spread TB. The TB germs may spray into the air if a person with TB disease of the lungs or throat coughs, shouts, or sneezes. Anyone nearby can breathe TB germs into their lungs.
- The germ can live in your body without making you sick. This is called TB infection. Your immune system traps TB germs with special germ fighters. Your germ fighters keep TB germs from making you sick.
- Sometimes the TB germs can break away and spread. Then they cause TB disease. The germs can attack the lungs or other parts of the body. They can go to the kidneys, the brain, or the spine. If people have TB disease, they need medical help. If they don't get help, they can die.

How do I know if I have TB infection?

- A skin test is the only way to tell if you have TB infection. The test is "positive" if a bump about the size of a pencil eraser or bigger appears on your arm. This bump means you probably have TB infection.

What should I do if I have TB infection?

- See your family doctor or make an appointment to be

screened by the TB program at your local health department.

- If you have TB infection, you may need treatment so you will not get TB disease later. This is called "preventive" treatment. Isoniazid (INH) is the anti-TB drug used most often.

What happens if TB goes untreated?

- Unless you get preventive therapy treatment, TB infection can turn into TB disease. Those who are more likely to get sick from TB disease include:
 - Alcoholics or injection drug users.
 - People with certain medical conditions such as diabetes and certain types of cancers.
 - People with HIV infection (the virus that causes AIDS).
- These things make your body less able to fight TB germs and TB infection can then become TB disease.
- It is very important that you take the preventive therapy as your doctor or clinic recommends. It takes at least six months to a year to kill all the TB germs. Remember that you will always have TB germs in your body unless you kill them with the right medicine.

For more information, call your local health department or the state Tuberculosis Control Program (502) 564-4276.

- extracted from March 19, 2001 news release written by Gil Lawson

DIABETES ALERT DAY WAS MARCH 27

The American Diabetes Alert - a one day call to action for people to find out if they are at risk for diabetes - was March 27 this year.

The alert is sponsored by the American Diabetes Association and is intended to inform people about the warning signs for diabetes. Diabetes can cause serious health problems if not treated. However, many people with diabetes live normal lives thanks to proper diet, exercise and medication.

An estimated 89,300 Kentuckians have diabetes and don't know it. About 6.1 percent of the state's adult population - 178,651 people - have diagnosed diabetes. Half of the adult population in Kentucky is at increased risk of undiagnosed diabetes because of age, obesity and sedentary lifestyle.

Diabetes means that a person's blood sugar is too high. It can harm your eyes, nerves and kidneys. Most people with diabetes don't notice any symptoms. However, if you have any of the following symptoms you should see your health care provider:

- Excessive thirst
- Frequent urination
- Unintentional weight loss
- Blurred vision
- Fatigue

Your risk for diabetes goes up as you get older, gain too much weight or if you don't exercise regularly. Diabetes is more common among:

- African Americans, Latinos, Native Indians, Asian Americans and Pacific Islanders
- People with high blood pressure (at or above 130/85)
- People with a family history of diabetes
- Women who have had diabetes during pregnancy or those who have had a baby weighing more than nine pounds at birth

The American Diabetes Association estimates there are 5.4 million Americans who don't know they have diabetes. In Kentucky, a broad-based group of more than 100 organizations and individuals called the Kentucky Diabetes Network is working together to improve the treatment and outcomes for people with diabetes. The network, which was initiated by the Department for Public Health, also promotes efforts to diagnose diabetes and prevent its onset.

Dr. Rice Leach, commissioner of the Department for Public Health, urges anyone with a family history of diabetes to make every effort to maintain a normal weight, exercise moderately for at least 30 minutes three or four times a week, and to reduce the grams of fat in their diet. "The percentage of Kentuckians with diabetes is increasing because we aren't taking good care of ourselves" Leach said. "We can reverse this trend if we just change our habits."

For more information, call the American Diabetes Association's Kentucky office in Louisville at 1-888-342-2383. Information is also

available at the ADA's website at:
<http://www.diabetes.org/>

- *extracted from March 12, 2001 news release written by Gil Lawson*

CHANGES MADE IN IMMUNIZATION REQUIREMENTS FOR CHILDREN

Two recent changes in Kentucky's school immunization requirements will help prevent the spread of disease among children, the Department for Public Health announced today.

Beginning Aug. 1 of 2001, all children who are at least 19 months old and less than seven years old and who attend day care centers, certified family child care homes, pre-schools and public and private schools will be required to have one dose of the varicella vaccine to prevent chickenpox.

While many cases of chickenpox are mild, it can lead to more complications and in rare instances cause death.

The vaccine will not be required if a parent, guardian or physician states that the child has had the disease chickenpox.

The other change that takes effect Aug. 1 and lasts through the 2008-09 school year applies to students entering the sixth grade in public and private schools. These students must have the hepatitis B vaccine, which includes a three-dose series of immunizations given according to a specific schedule for maximum effectiveness. (Young children are already getting the hepatitis B vaccine; this change is considered a "catch-up" so school

age children will also be vaccinated.)

A current immunization certificate should be on file within two weeks of the child's enrollment in the sixth grade.

Both of these changes in the immunization regulations were approved Feb. 1 by the Interim Joint Committee on Health and Welfare. Both vaccinations are consistent with recommendations made by the Centers for Disease Control and Prevention, the American Academy of Pediatrics and the Advisory Committee on Immunization Practices.

"Many parents have not seen these diseases because these vaccines have done their job," said Dr. Rice Leach, the commissioner for public health. "It's important that families in Kentucky make sure their children are properly vaccinated to help protect against the occurrence of these diseases."

Kentucky was honored last year by the Centers for Disease Control and Prevention for having the third best immunization rate in the country for 2-year-old children - 88 percent. Children in Kentucky are also given vaccines for diphtheria, tetanus, pertussis, polio, measles, mumps, haemophilus influenzae type b (Hib) and rubella.

Medical and religious exemptions will still be accepted.

Parents with questions about immunizations should see their child's health care provider or their local health department.

- extracted from March 5, 2001 news release written by Gil Lawson

PHPS Passages

Make Sure Those Easter Eggs Are Safe

With the arrival of Easter, the Cabinet for Health Services wants to help make sure every Kentucky family has a safe and happy holiday.

Many Kentucky families enjoy the coloring and consumption of Easter eggs.

Although eggs are typically a safe food product when cooked and handled properly, the following tips should help cooks reduce the risk of any food-related illness associated with the consumption of Easter eggs at home, according to Guy Delius, manager of the Food Safety Branch in the Department for Public Health.

- Purchase and use commercially packaged refrigerated eggs from your local grocer, or ones sold pursuant to Kentucky's egg marketing law.
- Eggs are considered a potentially hazardous food in that they will spoil or allow the growth of harmful bacteria if not handled properly.
- Keep fresh eggs refrigerated until it's time to cook them.
- If the eggs will be boiled for decorating, be sure to boil the eggs thoroughly until the egg yolk and

white is fully cooked and firm.

- After boiling of the eggs, the eggs should be "air cooled" and not cooled with cold water.
- If cold water is used to cool the boiled eggs, the negative pressure in the egg may draw in unwanted water and bacteria into the egg.
- Refrigerate boiled eggs soon after boiling in shallow containers so they will cool quickly.
- When coloring the eggs, be sure to only use approved food grade materials. No Magic Markers or common pens or inks should be used to color eggs.
- Be sure work surfaces and utensils are clean before use, and after use they should be cleaned with hot soapy water, rinsed and sanitized with approved sanitizing agent (1 tablespoon of unscented bleach per 2 gallons of water).
- Always be sure to wash your hands before and after handling eggs.
- Never leave eggs at room temperature for longer than two (2) hours, even after they have been boiled.

Delius says you should also take care when hiding the eggs to avoid areas which may contaminate the eggs, such as around pets, wild animals, birds, reptiles, insects, very young children, and areas around chemicals or fertilizers for

home or lawn. These areas should be avoided when hiding your eggs.

Delius also says you should not eat broken or cracked eggs or eggs which have been out of refrigeration for longer than two (2) hours.

- extracted from April 3, 2001 news release written by Gil Lawson

Staff Spotlight

"A Visit to the Museum" Art Project Complete

The Barren River District Health Department (BRHD) and the Warren County Health Department are proud to announce the completion of an art project named "A Visit to the Museum" that began in the fall of 2000. The idea for the project originated with BRHD District Director Frank Brown, who is an artist himself.

Brown envisioned murals on the walls of the stairwell leading from the main floor lobby up to the medical clinic to provide interest for consumers. He assigned six teams of employees to paint murals in the general fashion of famous artists: da Vinci, Rockwell, Van Gogh, Picasso, Renoir, and Matisse. Each artistic team had a health theme to follow in addition to the painting style of the famous artist.

The largest mural depicts Bowling Green with our own Fountain Square Park at the center. The park is surrounded by recognizable local attractions like the new Justice Center, the patriotic water tower, Big Red, the Corvette Museum, the Balloon Classic, and of course, the Health Department.

In addition to the murals depicted after famous artists, one other mural is a painting of the BRHD's brightly colored logo.

When the paintings were completed, the artists finished the murals with a painted frame. Brown used the talents of staff from the Warren County Health Department and the BRHD District Office.

Adults and children alike express delight at our museum on the stairwell. Brown says, "This provides an opportunity for persons to experience an art exhibit similar to visiting a museum. For many people, they may never get the chance to do so."

Everyone is invited to come enjoy our completed project that was painted with love, pride, sweat, and acrylics.

- submitted by Cheryl Poe, Barren River Health Department

Offender Classes

For over a year now, drivers in Warren County who violate seat belt and child restraint laws have had an alternative to paying court costs and fines. The Warren County Health Department offers a class for those offenders for a \$10.00 fee. This option can save the offender between \$95.00 and \$120.00. In addition to the statewide law requiring children to be in an appropriate child restraint, the city of Bowling Green also has a primary law requiring seat belt restraint. Therefore, Warren County Health Department employees offer two different types of offender classes. One is a class

for seat belt offenders. These offenders can be scheduled as a group, with classes lasting about 30 minutes. During that time two-three videos are shown and trained personnel are on hand to answer questions.

The other class is for car seat offenders. These are usually individual sessions because in addition to viewing the videos, car seat offenders receive instruction from Certified Child Passenger Safety Technicians on the proper way to install their car seat(s). The child(ren) must be present because the size of the child determines the proper installation of the seat. These classes last about an hour. In the event the driver was cited for having more than one child unrestrained, more time would be allotted for that offender as all seats must be checked and the offender must install them correctly before receiving verification that they attended the class.

It is important for parents and technicians to know the history of the child restraint seat because it needs to be replaced if it has ever been involved in a crash. Technicians also replace seats with new ones if there are pieces missing or if the seat is inappropriate for the child or for vehicle. The fees collected from the offenders are applied to the costs of new seats. New seats purchased to be used as replacement seats cost the Barren River District Health Department between \$25 and \$40 per seat. Donations are accepted from those attendees that receive the new

seats, but it is rare that a donation is given.

Encouraged by the success of Warren County's program, the health departments in Barren and Metcalfe Counties began offering seat belt offender classes in September 2000.

Car seat offender classes are scheduled one day a month in both Barren and Metcalfe Counties. In Warren County, classes have increased from one to three days a month as response has increased.

So far, there have been a total of 134 attendees, (one was a repeat offender), and two people failed to attend the class after scheduling an appointment. Those who fail to attend will have to return to court and pay the fine and court costs. Those who choose to attend the class have their cases dismissed and their insurance rates remain unaffected. One violator who lives in another state elected to take the class rather than pay the fine and court costs.

This option is made possible through the cooperative efforts of the local judges, circuit court clerks, county attorneys, health departments, and, in Metcalfe County, the Family Youth Resource Service Center which provides the Certified Child Passenger Safety Technicians who conduct the classes at the health department. Through these efforts, offenders are educated about seat belt and car seat importance, rather than just penalized for not using them. It is our belief that these classes

will provide our citizens with the initiative to use seat belts and child restraint seats and thus decrease injuries and deaths.

- submitted by the Barren River District Health Department staff

HANDS PROGRAM HAS SECOND ANNUAL CHRISTMAS PARTY

The HANDS Staff of the Floyd County Health Department had the annual Christmas party for all HANDS Clients. Area merchants, churches and civic groups gave cash donations and gifts to present to the families. Santa came and distributed the gifts and posed for pictures. Health Department staff provided food and entertainment. Since it was a rainy December evening, we did not know how many people to expect. We were pleased to see one hundred and twenty six people attend the gathering. There were parents, grandparents, aunts and siblings who came to celebrate the season with us. Thursa Sloan, Director says, "Our HANDS staff is dedicated to the goals of the program and they provide an excellent service for first time mothers in Floyd County. So many of the clients and their families share with others how important the benefits of the program are and how wonderful the staff is," said Mrs. Sloan, the initial coordinator of HANDS "I can't say enough about these employees and how they have made our HANDS program one of the best." She commends people like Cheryl Miller and Brenda Chandler who made it easy to buy into the program as well as Carol Holbrook and Dr. Davis who

helped Floyd County become one of the pilot sites. The Floyd County HANDS Program has nine employees and Brenda Humphrey, BSN is the coordinator.

*-submitted by Jane Bond Floyd
County Health Department*

North Central District Health Department's Pride is Showing:

In an interview with Renee Blair, Director of the North Central District, she raved about the Shelby County Health Center and all the complimentary phone calls she received about them. It seems this past December, when the late flu vaccine finally arrived, the Shelby County Health Center set up a flu shot clinic. They had no idea the masses of elderly who would show up for this opportunity. There were people lined up inside and outside – they were busting at the seams!

According to Ms. Blair, the Shelby County staff worked like troopers. They managed to find room inside, even though the Center is a small facility, for **all** of the people who showed up and managed to get **all** of the flu shots completed in one day!

Congratulations and a heartfelt thanks from all of the flu shot recipients, your District Director, and the state health department.

*- written from an interview with
Renee Blair, North Central
District Health Department*

Who's Smoking With You?

*Northern Kentucky Independent
District Health Department
Supports Secondhand Smoke
Media Campaign:*

In Kentucky, smoking is an immense public health epidemic, but attention to the negative effects of secondhand smoke is the focus of a media campaign beginning during National Public Health Week, April 2-8. The campaign's theme, "Who's Smoking With You?... You can protect others from secondhand smoke", will be presented in various formats through television and radio ads, print ads, informational brochures and by promotional items. On Friday, April 6, the Northern Kentucky Health Department's county health centers will begin to give baby bibs, promoting the message, to clients with infants and young children.

"The Tobacco Prevention Coalition of Northern Kentucky, of which the Health Department is a member, has launched the media campaign with special funds from the tobacco settlement," said Stephanie Creighton, Senior Health Educator at the Northern Kentucky Independent District Health Department. "With this campaign, we want to educate people about the health risks, especially for infants and children, from secondhand smoke. The easiest thing for parents to do is to *smoke outside*."

There are many negative health effects to infants and children from secondhand smoke—the mildest being the respiratory tract irritation symptoms as coughing, wheezing and excess phlegm. More serious effects include the increased risk for lower respiratory tract infections (bronchitis and pneumonia),

reduced lung function, ear infections, more frequent and severe asthma episodes, and development of asthma or other chronic lung conditions.

Kentucky is ranked second in the nation for its smoking rate. From a California Tobacco Survey Longitudinal, 1990-1992, it was reported that in Kentucky, 42 percent of the people surveyed reported exposure to secondhand smoke from cigarettes, cigars or pipes inside their home during the past 30 days. Fifty-three thousand non-smoking Americans die each year from secondhand smoke.

The Tobacco Prevention Coalition of Northern Kentucky is a group of concerned organizations and businesses involved in tobacco control. In addition to the Northern Kentucky Independent District Health Department, members include the American Cancer Society, the American Lung Association, Kentucky Cancer Program, Covington Community Center, Local and Middle High Schools, Covington Partners in Prevention, Northern Kentucky Technical College, Northern Kentucky University, NorthKey Prevention Center, and GlaxoSmithKline Consumer Healthcare.

*- submitted by Peggy Patterson,
Northern Kentucky Independent
District Health Department*

Training Tidbits

RTC Training Courses – FY01

The Emory University Regional Training Center, Atlanta, GA, will provide fifteen (15) course offerings during fiscal year 2001 (July 1, 2000– June 30, 2001). All

fifteen (15) offerings along with course content, dates, locations, and some registration forms will be forwarded to District Training Contacts and LHD Administrators.

Any LHD employee wishing to attend these offerings should contact their District Training Contact or LHD Administrator for course content and registration forms.

Note: See attached schedule and list of training contacts on back of newsletter.

You may contact Ms. Sandy Williams with any other questions regarding RTC opportunities at 502-564-4990.

Video / Audio Tapes ALERT:

If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given in the Editor's Note. Thank you for your cooperation.

EDITOR'S NOTE:

Please submit articles, staff spotlight nominees, or suggestions for the newsletter to:

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